Schedule E)	PAGE 1 OF 5 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
ESAFund		
	C C00489856	
Check if 24-hour report 48-hour report New report Ame	nds report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination	
RedPrint Strategy	08	
Mailing Address P. O. Box 710993	Amount	
City State Zip Code	22872.04	
Herndon VA 20171	Transaction ID : SE.6804 Date of Disbursement or Obligation	
Purpose of Expenditure telephone calls Category/ Type	M M / D D / Y Y Y Y	
Name of Federal Candidate S	upport Office Sought: X House District: 01	
Timothy A. Huelskamp	ppose President Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: X Primary General 2016 Other (specify) ▶	
Full Name of Payee RedPrint Strategy	Date of Public Distribution/Dissemination	
<u> </u>	08 01 2016	
Mailing Address P. O. Box 710993	Amount	
City State Zip Code	6000.00	
Herndon VA 20171	Transaction ID : SE.6814 Date of Disbursement or Obligation	
Purpose of Expenditure online advertising Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate	upport Office Sought: House District: 01	
Roger W. Marshall	ppose President Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For:	
	Galler (opensity)	
(a) SUBTOTAL of Itemized Independent Expenditures	28872.04	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Nancy H. Watkins [Electronically Filed]	Date 08 02 2016	
Signature		

Schedule E)	BITORLO	PAGE 2 OF 5 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
ESAFund		C C00489856	
Check if 24-hour report 48-hour report New report Amends report filed on			
Full Name of Payee RedPrint Strategy		Date of Public Distribution/Dissemination	
Mailing Address P. O. Box 710993		08 01 2016 Amount	
		7.11.00.11	
City State	Zip Code	1009.05	
Herndon VA	20171	Transaction ID : SE.6816 Date of Disbursement or Obligation	
Purpose of Expenditure telephone calls	Category/ Type	M M / D D / Y Y Y Y	
Name of Federal Candidate	Support	Office Sought: X House District:01	
Roger W. Marshall	Oppose	President Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: X Primary General 2016 Other (specify) ▶	
Full Name of Payee		Date of Public Distribution/Dissemination	
RedPrint Strategy		08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address P. O. Box 710993		Amount	
City State	Zip Code	1009.05	
Herndon VA	20171	Transaction ID : SE.6818 Date of Disbursement or Obligation	
Purpose of Expenditure telephone calls	Category/ Type	M M / D D / Y Y Y Y	
Name of Federal Candidate	Support	Office Sought:	
Timothy A. Huelskamp	Oppose	President Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For:	
(a) SUBTOTAL of Itemized Independent Expenditures		2018.10	
		7 2010110	
(b) SUBTOTAL of Unitemized Independent Expenditures		•	
(c) TOTAL Independent Expenditures		>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Nancy H. Watkins [Electronic Signature]	onically Filed] Date	08 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Oignature			

Schedule E)	II EXI END	TIONES		PAGE 3 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
ESAFund				C C00489856
Check if 24-hour report 48-hour report	New rep	port Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Right Country Lists			[08
Mailing Address 117 N. Saint Asaph Street			Amo	unt
City	State	Zip Code	— I	1239.00
Alexandria	VA	22314		saction ID : SE.6824 of Disbursement or Obligation
Purpose of Expenditure voter contact-emails		Category/ Type] [M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate		Support	Office Soug	ht: X House District: 01
Roger W. Marshall		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7	0.00	Disburseme 2016	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Right Country Lists				08 01 2016
Mailing Address 117 N. Saint Asaph Street			Amo	unt
City	State	Zip Code	—Г	1239.00
Alexandria	VA	22314		action ID : SE.6826 of Disbursement or Obligation
Purpose of Expenditure voter contact-emails		Category/ Type] [M = M / D = D / Y = Y = Y
Name of Federal Candidate		Support	Office Soug	ht: X House District: 01
Timothy A. Huelskamp		X Oppose	Presid	□ Kς
Calendar Year-To-Date Per Election for Office Sought	7 7	0.00	Disburseme 2016	nt For: X Primary General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditur	es			2478.00
(b) SUBTOTAL of Unitemized Independent Expendi	turos			
(b) 306101AL of Officernized Independent Expendi	tures		•	
(c) TOTAL Independent Expenditures			· -	141141141
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Nancy H. Watkins Signature	[Electron	nically Filed] Date	9 08	02 / 2016

Schedule E)	VI EXI ENE	TIONES		PAGE 4 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
ESAFund				C C00489856
Check if 24-hour report 48-hour report	New rep	port Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee SPL Strategies, LLC			Date	of Public Distribution/Dissemination
Mailing Address 107 S. West Street, #461			L	08 02 7 2016
,			Amo	unt
City	State	Zip Code		4949.98
Alexandra	VA	22314		saction ID : SE.6810 of Disbursement or Obligation
Purpose of Expenditure advertising		Category/ Type		M M / D D / Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ht: X House District: 01
Roger W. Marshall		Oppose	Presid	dent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	0.00	Disburseme 2016	ent For: Primary General Other (specify)
Full Name of Payee	_		Date	of Public Distribution/Dissemination
SPL Strategies, LLC				08 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 107 S. West Street, #461			Amo	punt
City	State	Zip Code	ΠГ.	4949.97
Alexandra	VA	22314		saction ID : SE.6812 of Disbursement or Obligation
Purpose of Expenditure advertising		Category/ Type		M = M / D = D / Y = Y = Y
Name of Federal Candidate		Support	Office Soug	ght: X House District: 01
Timothy A. Huelskamp		X Oppose	Presi	□ K¢
Calendar Year-To-Date Per Election for Office Sought	7	0.00	Disburseme 2016	ent For:
(a) SUBTOTAL of Itemized Independent Expenditure	res			9899.95
(b) SUBTOTAL of Unitemized Independent Expend	itures			7 1 7 1 7 1
,,				4 4
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Nancy H. Watkins Signature	[Electro	nically Filed] Date	9 08	02 / 2016
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 5 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
ESAFund	C C00489856
	G 000403030
Check if 24-hour report 48-hour report New report Ame	nends report filed on MMM / DDD / YYYYY
Full Name of Payee	Date of Public Distribution/Dissemination
Targeted Victory	08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1033 N. Fairfax Street	Amount
Suite 400	
City State Zip Code Alexandria VA 22314	210.06
	Transaction ID : SE.6820 Date of Disbursement or Obligation
Purpose of Expenditure voter contact-emails Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office Sought: X House District: 01
Degar W. Marchall	Oppose President Senate State: KS
Calendar Year-To-Date	Disbursement For: X Primary General
Per Election for Office Sought 0.00	Other (specify) ►
Full Name of Payee	Date of Public Distribution/Dissemination
Targeted Victory	08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1033 N. Fairfax Street	
Suite 400	Amount
City State Zip Code	210.06
Alexandria VA 22314	Transaction ID : SE.6822 Date of Disbursement or Obligation
Purpose of Expenditure voter contact-emails Category/	M = M / D = D / Y = Y = Y
Type	
	Support Office Sought: House District: 01
Timothy A. Huelskamp	Oppose President Senate State: KS
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought 0.00	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	420.12
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) SUBTUTAL OF OTHERHIZED INDEPENDENT Expenditures	·······
(c) TOTAL Independent Expenditures	43688.21
	43000.21
Under penalty of perjury I certify that the independent expenditures reported her with, or at the request or suggestion of, any candidate or authorized committee of party committee) any political party committee or its agent.	
Nancy H. Watkins [Electronically Filed]	Date 08 02 2016
Signature	